

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90007 027 \*\*\*158.75

<b>DOCUMENT # F94000005658</b>					
<b>1. Entity Name</b> SCHAARDT & FULLAN, ARCHITECTS, P.C.					
<b>Principal Place of Business</b> 8402 S.E. SANCTUARY DR HOBE SOUND, FL 33455			<b>Mailing Address</b> 8402 S.E. SANCTUARY DR HOBE SOUND, FL 33455		
<b>2. Principal Place of Business - No P.O. Box #</b> 225 NW ST JAMES DR		<b>3. Mailing Address</b> ST JAMES DR 225 NW ST LUCIE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> PORT ST LUCIE FL.		<b>City &amp; State</b> PORT ST. LUCIE FL.		<b>4. FEI Number</b> 11-2786955	
<b>Zip</b> 34903		<b>Country</b> ST. LUCIE		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> FULLAN, JANET 8402 S.E. SANCTUARY DR HOBE SOUND, FL 33455		<b>7. Name and Address of New Registered Agent</b> Name: WENDY MACHEN Street Address (P.O. Box Number is Not Acceptable): 225 NW ST JAMES DR City: PORT ST LUCIE FL Zip Code: 34983			
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FULLAN, ROBERT 8402 S.E. SANCTUARY DR HOBE SOUND, FL 33455				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete				
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition				
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.</b>					
<b>SIGNATURE:</b> <i>Robert Fullan</i> ROBERT FULLAN 3/21/08 772-336-9766					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					